

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE pond to a collection of information unless if displays a valid OMB control number.

			ays a valid OMB control number	
PETITION FOR EXTENSION OF THE WINDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2005		1046_	022CIP2	
(Fees pursuant to the Consolidated Appropriations Act, 200)5 (H.K. 4616).)			
Application Number 10/604,122	. <u></u>	Filed J	une 26, 2003	
For MAGAZINE-BASED DATA CARTRIDGE LIBRA	RY			
Art Unit 2627		Examiner	A. T. Cao	
This is a request under the provisions of 37 CFR 1.136 identified application.				
The requested extension and fee are as follows (check	time period desi	red and enter the app	propriate fee below):	
	<u>Fee</u>	Small Entity Fee		
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	_\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	_\$	
X Applicant claims small entity status. See 37 CF	R 1.27.			
X A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is atta	ched.			
The Director has already been authorized to cha		application to a Depos	sit Account.	
The Director is hereby authorized to charge any Deposit Account Number 50-0289		osed a duplicate copy		
	_		•	
t am the applicant/inventor.				
assignee of record of the entire in Statement under 37 CFR 3.7				
attorney or agent of record. Rec	istration Number	r		
attorney or agent under 37 CFR	1.34.			
Registration number if acting under	er 37 CFR 1.34	46,944	<u> </u>	
		July 31, 2006		
Signature		Date		
Indranil Mukerji			(315) 425-9000	
Typed or printed name		Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the ent than one signature is required, see below.	ire interest or their repr	esentative(s) are required. S	ubmit multiple forms if more	
X Total of forms are submitted	i .			

One Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV676907817US, on the date shown below in an envelope addressed to: MS Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 31, 2006

08/02/2006 WABDELKT 00000025 10604122

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

OIPE 140	3
JUL 3 1 5006	5 \ 5 \ 13 \ 14 \
TO THADENIAM	5

Application Number	Effective on 12/08/2	2004	Complete if Known				
For FY 2005			Application Number	10/604,122			
For FY 2005	FEE TRANS	MITTAL	Filing Date	June 26, 2003			
X Application tolaims small entity status. See 37 CFR 1.27 Art Unit 2627			First Named Inventor	Jennifer L. Wo	odruff		
METHOD OF PAYMENT (s) 60.00 Attorney Docket No. 1046_022CIP2	FOFFT 20	U3					
METHOD OF PAYMENT (check all that apply) X Check	X Applicant claims small entity statu	s. See 37 CFR 1.27	Art Unit 2627				
X Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Charge fee(s) indicated below, except for the filing fee X Credit any overpayments	TOTAL AMOUNT OF PAYMENT	(\$) 60.00	Attorney Docket No.	1046_022CIP2			
X Deposit Account Deposit Account Number 50-0289 Deposit Account Name Wall Marjama & Billinski LLP	METHOD OF PAYMENT (check a	all that apply)					
X Deposit Account Deposit Account Number 50-0289 Deposit Account Name Wall Marjama & Billinski LLP	X Check Credit Card	Money Order Non	ne Other (please ide	ntify):	_		
Charge fee(s) indicated below		J			nski LLP		
Charge fee(s) indicated below	For the above-identified depor	sit account, the Director is	hereby authorized to: (che	eck all that apply)			
Tee (s) under 37 CFR 1.16 and 1.17	· 🗂				cept for the filing fee		
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)			x Credit any over	payments			
Total Claims Fee (\$) Fee (\$)		16 and 1.17					
Filing FEES Small Entity Fee (\$) Fee (·					
Application Type Fee (\$) Fee (ADOUTEEC EVAM	NATION EEEC			
Application Type	FIL.						
Design 200 100 100 50 130 65	Application Type Fee (\$)				Fees Paid (\$)		
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)	Utility 300	150 500	250 200	100			
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Fee (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$)	Design 200	100 100	50 130	65			
Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Fee (\$) Small Entity Fee (\$) 100<	Plant 200	100 300	150 160	80			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Reissue 300	150 500	250 600	300			
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Provisional 200	100 0	0 0	0			
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	2. EXCESS CLAIM FEES						
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	ree Description						
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -= x = Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)	`	•					
-= x = <u>Fee (\$)</u> Fee Paid (\$)	Multiple dependent claims	,			360 180		
-= x = <u>Fee (\$)</u> Fee Paid (\$)	Total Claims Extra Claims	Fee (\$) Fee F	Paid (\$) <u>M</u>	lultiple Depende	nt Claims		
Indep. Claims	x	-		ee (\$) <u>F</u>	ee Paid (\$)		
Indep. Claims							
_ x =	Indep. Claims Extra Claims x	Fee (\$) Fee F	Paid (\$)				
3. APPLICATION SIZE FEE	3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50				entity) for each ac	Iditional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		````	• • •		For Doid (6)		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x =					Fee Paid (\$)		
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month (small entity) \$60.00							
SUBMITTED BY ////							
Registration No. (Attorney/Agent) 46,944 Telephone (315) 425-9000				Telephone	(315) 425-9000		

Fee	Tra	ans	mi	ttal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV676907817US, on the date shown below in an envelope addressed to: MS Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 31, 2006 Signature:

Name (Print/Type)

Yndranil Mukerji

Date

July 31, 2006